PHA 5-Year and	U.S. Department of Housing and Urban	OMB No. 2577-0226
	Development	Expires 4/30/2011
Annual Plan	Office of Public and Indian Housing	·

1.0	PHA Information					
	PHA Name: LOUDON HOUSING AUTH		PHA Code: TN			
		Performing	☐ Standard	☐ HCV (Section 8)		
	PHA Fiscal Year Beginning: (MM/YYYY):	U7/2U09				
2.0	Inventory (based on ACC units at time of F Number of PH units: 121		in 1.0 above) mber of HCV units:			
3.0	Submission Type 5-Year and Annual Plan	Annual	Plan Only	5-Year Plan Only		
4.0	PHA Consortia P	HA Consorti	a: (Check box if submitting a joi	int Plan and complete table be		
		PHA	Program(s) Included in the	Programs Not in the	No. of Uni	ts in Each
	Participating PHAs	Code	Consortia	Consortia	Program PH	HCV
	PHA 1:	· 				
	PHA 2:	1				
	PHA 3:					
5.0	5-Year Plan. Complete items 5.1 and 5.2 or	nly at 5-Year	Plan update. N/A			
5.1	Mission. State the PHA's Mission for servi jurisdiction for the next five years:	ng the needs	of low-income, very low-income	e, and extremely low income	families in the F	PHA's
						
5.2	Goals and Objectives. Identify the PHA's					
	low-income, and extremely low-income fame and objectives described in the previous 5-Y		ext five years. Include a report	on the progress the PHA has	made in meetin	g the goals
	and objectives described in the previous 5-1	carrian.				
	PHA Plan Update	***************************************				
6.0			4			
	(a) Identify all PHA Plan elements that hav					
	(b) Identify the specific location(s) where the					
	elements, see Section 6.0 of the instructi	ions. Loudo	on Housing Authority Ma	ain Office, 124 Pathkil	ller Trail, L	oudon, TN
7.0	Hope VI, Mixed Finance Modernization of	-	•		Housing, Home	eownership
	Programs, and Project-based Vouchers.	Include stater	nents related to these programs	as applicable. N/A		
9.0	Conital Improvements Dissessed D	nada 0 1 4L	ah 0.2 aa amii a-bi-			
8.0	Capital Improvements. Please complete P		-			
	Capital Fund Program Annual Statement					
	complete and submit the Capital Fund Prog		statement/Performance and Eva	iuation Keport, form HUD-50	JU/5.1, for each	current and
8.1	open CFP grant and CFFP financing. Atta					
	TN37-PO64-501-07 P & E Report	t, date end	ling 12/31/2008			
	TN37-PO64-501-08 P & E Report	t, date end	ling 12/31/2008			
	TN37-PO64-501-09 Annual State					
82	Capital Fund Program Five-Year Action					
8.2	Program Five-Year Action Plan, form HUD	•	• • •		rent year, and a	dd latest year
	for a five year period). Large capital items r	nust be inclu	ded in the Five-Year Action Plan	n. Attached		
				,		
8.3	Capital Fund Financing Program (CFFP)		- lad Paris Day (COPP) to	faranant III	TTN 4	L4 to
~ ~	Check if the PHA proposes to use any po		apital Fund Program (CFP)/Rep	lacement Housing Factor (RI	ir) to repay det	ot incurred to
	finance capital improvements. N/A	L				

- 9.0 Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.
 N/A
- 9.1 Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.

 N/A
- 10.0 Additional Information. Describe the following, as well as any additional information HUD has requested.
 - (a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.
 - (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" N/A
- 11.0 Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.
 - (a) Form HUD-50077, PHA Certifications of Compliance with the PHA Plans and Related Regulations (which includes all certifications relating to Civil Rights)
 - (b) Form HUD-50070, Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)
 - (c) Form HUD-50071, Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)
 - (d) Form SF-LLL, Disclosure of Lobbying Activities (PHAs receiving CFP grants only)
 - (e) Form SF-LLL-A, Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)
 - (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.

 (g) Challenged Elements
 - (h) Form HUD-50075.1, Capital Fund Program Annual Statement/Performance and Evaluation Report (PHAs receiving CFP grants only)
 - (i) Form HUD-50075.2, Capital Fund Program Five-Year Action Plan (PHAs receiving CFP grants only)

FY2009 Agency Plan – Version 1 April 7, 2009

L					
Ann Capi	Annual Statement/Performance and Evaluation Keport Capital Fund Program and Capital Fund Program Rep	Evaluation Keport und Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary	Factor (CFP/CFPRI	H) Part I: Summar	>
PHA N	PHA Name: Loudon Housing Authority	Grant Type and Number			r
		Capital Fund Program Grant No: TN37-PO64-501-07 Replacement Housing Factor Grant No:	vo: TN37-PO64-501-07 Grant No:	1	FY of Grant:
	Original Annual Statement Meserve for Disasters/ Emergencies		Revised Annual Statement (revision no:)		2007
⊠Per	Report for Po		Final Performance and Evaluation Report	Ľ	
Line	Summary by Development Account	Total Estimated Cost	ited Cost	Total Actual Cost	Cost
		Original	Revised	Obligated	Expended
	Total non-CFP Funds				
7	1406 Operations	8,045.00	8,045.00	8,045.00	0.00
3	1408 Management Improvements	46,000.00	27,477.11	27,477.11	27,477.11
4	1410 Administration	500.00	200.00		
5	1411 Audit				
9	1415 Liquidated Damages				
7	1430 Fees and Costs	8,500.00	8,046.65	8,046.65	3,046.65
œ	1440 Site Acquisition				
6	1450 Site Improvement	00.000,6	00.000,6	00'000'6	6,350.67
10	1460 Dwelling Structures	88,497.00	107,575.24	107,575.24	26,967.75
11	1465.1 Dwelling Equipment—Nonexpendable	5,000.00	2,000.00	2,000.00	4,236.30
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	11,500.00	11,398.00	11,398.00	10,086.99
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
70	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	177,042.00	177,042.00	176,546.00	78,165.47
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security - Soft Costs				
25	Amount of Line 21 Related to Security - Hard Costs				
76	Amount of line 21 Related to Energy Conservation Measures				

TN37-PO64-501-07 P & E Report, dated 12/31/2008 Page 1 of 4

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		Status of Work																						
	Frant: 2007	ual Cost	Funds Expended	00.00	00.0	8,000.00	19,477.11	00.00	00.00	1,000.00	1,000.00	00.0	1,046.65	3,925.67	4,236.30	188.99	00.0	00'868'6						
HIR)	Federal FY of Grant: 2007	Total Actual Cost	Funds Obligated	8,045.00	00'0	8,000.00	19,477.11	00.00	00'0	1,000.00	1,000.00	5,000.00	1,046.65	5,000.00	5,000.00	200.00	1,000.00	00'868'6						
· (CFP/CFPR)	64-501-07	nated Cost	Revised	8,045.00	0.00	8,000.00	19,477.11	00.00	500.00	1,000.00	1,000.00	5,000.00	1,046.65	5,000.00	5,000.00	200.00	1,000.00	00'868'6						
ousing Factor	Grant Type and Number Capital Fund Program Grant No: TN37-PO64-501-07 Replacement Housing Factor Grant No:	Total Estimated Cost	Original	8,045.00	13,000.00	7,000.00	21,000.00	5,000.00	500.00	200.00	1,000.00	5,000.00	2,000.00	5,000.00	5,000.00	200.00	1,000.00	10,000.00						
acement H	Grant Type and Number Capital Fund Program Grant No: TN3' Replacement Housing Factor Grant No:	Quantity		LS	1 Position	1 Position	1 Position	LS	LS	LS	LS	LS	LS	As needed	LS	TS	LS	TS						
ion Report gram Repl	Grant Type Capital Func	Dev. Acct No.		1406	1408	1408	1408	1408	1410	1430	1430		1430	1450	1465.1	1475	1475	1475.						
Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages	PHA Name: Loudon Housing Authority	General Description of Major Work Categories		Operations	VISTA Worker	Community Cares Worker	Part-Time Worker	Computer Upgrade	Advertising	Agency Plan Update	Environmental Review	A/E Fees	Annual Inspections	Repair Drain Lines	Appliances	Office Equipment	Maintenance Equipment	Lawn Mowers						
Annual State Capital Fund Part II: Supj	PHA Name: Loi	Development Number Name/HA- Wide Activities		HA-Wide																				

TN37-PO64-501-07 P & E Report, dated 12/31/2008 Page 2 of 4

FY2009 Agency Plan – Version 1 April 7, 2009

		Status of Work								
	Grant: 2007	tual Cost	Funds Expended	2,000.00	23,585.75	3,382.00	425.00	00.0		
THE)	Federal FY of Grant: 2007	Total Actual Cost	Funds Obligated	2,000.00	23,585.75	78,989.49	2,000.00	5,000.00		
r (CFP/CFPR	064-501-07	Total Estimated Cost	Revised	2,000.00	23,585.75	78,989.49	2,000.00	5,000.00		
ousing Factor	Grant Type and Number Capital Fund Program Grant No: TN37-PO64-501-07 Replacement Housing Factor Grant No:	Total Estiv	Original	2,000.00	83,497.00	0	2,000.00	5,000.00		
acement H	Grant Type and Number Capital Fund Program Grant No: TN3' Replacement Housing Factor Grant No:	Quantity		LS	rs		LS	72		
on Report gram Repl	Grant Type Capital Fund Replacement	Dev. Acct No.		1450	1460	1460	1450	1460		
Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages	PHA Name: Loudon Housing Authority	General Description of Major Work Categories		Tree removal	Kitchen, bath renovations, VCT, exterior doors/frames/hardware, HVAC	Replace windows and window sills*	Tree removal	Clean HVAC coils		
Annual State Capital Fund Part II: Supp	PHA Name: Loi	Development Number Name/HA- Wide Activities		TN64-002			TN64-003			

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(CFP/CFPRHF)	Federal FY of Grant: 2007	Reasons for Revised Target Dates											
ng Factor			Actual										
ement Housir	54-501-07	All Funds Expended (Quarter Ending Date)	Revised										
n Report ram Replace	Frant Type and Number Capital Fund Program No: TN37-PO64-501-07 Replacement Housing Factor No:		Original	9/13/2011	9/13/2011	9/13/2011							
nd Evaluation Report al Fund Program Rep le	Grant Type and Number Capital Fund Program No: TN37 Replacement Housing Factor No:	rd ite)	Actual										
nce and E Sapital Fi hedule	Grant Capita Replac	All Fund Obligated (Quarter Ending Date)	Revised										
/Performa gram and (intation Sc	ing Authority	All (Quar	Original	9/13/2009	9/13/2009	9/13/2009							
Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule	PHA Name: Loudon Housing Authority	Development Number Name/HA-Wide Activities		HA-Wide	TN64-002	TN64-003							

TN37-PO64-501-07 P & E Report, dated 12/31/2008 Page 4 of 4

TN37-P064-501-08

FY2009 Agency Plan April 7, 2009

		COO 11 *****			
Annual Statement/Performance and Evaluat Capital Fund Program and Capital Fund Pr	Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary	Housing Factor (CFF	VCFPRHF) Part	I: Summary	
PHA Name:		Grant Type and Number			Federal FY
<u> </u>	Loudon Housing Authority	Capital Fund Program Grant No: TN37-PO64-501-08	at No: TN37-P064.	-501-08	of Grant:
		Replacement Housing Factor Grant No:	or Grant No:		2002
Original Annual Statement Reserve for Disas Serformance and Evaluation Report for Period	sters/ Emergencies Re Ending: 12/31/2008	Revised Annual Statement (revision no:)	(revision no:) Evaluation Report		
Line No.	nent Account	Total Estimated Cost	ated Cost	Total Actual Cost	Cost
3		Original	Revised	Obligated	Expended
Ţ	Total non-CFP Funds				
2	1406 Operations	1,000		0.00	0.00
3	1408 Management Improvements	42,000		29,000.00	0.00
4	1410 Administration				
5	1411 Audit				
9	1415 Liquidated Damages				
7	1430 Fees and Costs	7,000		4,000.00	0.00
8	1440 Site Acquisition				
6	1450 Site Improvement	40,000		00.00	
10	1460 Dwelling Structures	96,862		96,862.00	00:0
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				•
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	186,862		129,862.00	0.00
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504				
	compliance				
24	Amount of line 21 Related to Security - Soft Costs	S			
25	Amount of Line 21 Related to Security - Hard Costs				
26	Amount of line 21 Related to Energy Conservation	-			
	Measures				

TN37-PO64-501-08 P & E Report, dated 12/31/2008 Page 1 of 3

TN37-P064-501-08

FY2009 Agency Plan April 7, 2009

Annual State	Annual Statement/Performance and		Evaluation Renort					
Capital Fund	Capital Fund Program and Capital F		gram Repla	acement Ho	using Facto	und Program Replacement Housing Factor (CFP/CFPRHF)	RHF)	
Part II: Sup	Part II: Supporting Pages					,		
PHA Name: Lou	PHA Name: Loudon Housing Authority	Grant Type and Number Capital Fund Program Gra	d Number ogram Grant No:	Stant Type and Number Capital Fund Program Grant No: TN37-PO64-501-08	501-08	Federal FY of Grant: 2008	ıt: 2008	
Dovolonment	Concern Dercommence	Replacement H	Replacement Housing Factor Grant No:	nt No:	7	TP. 4-1 A -4-	1.0	3, 1, 1, 0
Number	Major Work Categories	No.	Chamin	TOTAL ESTIT	I otal estilliated Cost	I otal Actual Cost		Status of Work
Name/HA-	,							
Wide								
COLLYLLICS								
				Original	Revised	Funds	Funds	
HA-Wide	Onerations	1406	N.	1 000 00		00 0	000	
	VISTA Worker	1408	1 position	13,000.00		0.00	0.00	
	Community Cares	1408	1 position	8,000.00		8,000.00	00.00	
	Part-time worker	1408	1 position	21,000.00		21,000.00	00.0	
	Agency Plan Update	1430	ΓS	1,000.00		1,000.00	00.0	
	Environmental Review	1430	ΓS	1,000.00		1,000.00	00.00	
	Annual Inspections	1430	LS	2,000.00		2,000.00	00.00	
	A/E Fees	1430	LS	3,000.00		00.0	00'0	
	Sidewalk repair	1450	ST	5,000.00		00.0	00'0	
TN64-002	Main water cut-off	1450	LS	30,000.00		00.00	00.0	
	Replace windows and window sills	1460	50 units	96,862.00		96,862.00	0.00	
TN64—3	Paint site light poles	1450	27	5,000.00		00.0	00'0	

TN37-PO64-501-08 P & E Report, dated 12/31/2008 Page 2 of 3

TN37-PO64-501-08

FY2009 Agency Plan April 7, 2009

Evaluation Report Fund Program Replacement Housing Factor (CFP/CFPRHF)	Federal FY of Grant: 2008	Reasons for Revised Target Dates											
g Factor ((a)	Actual										
nent Housing	4-501-08	All Funds Expended (Quarter Ending Date)	Revised										
Report am Replacer	Grant Type and Number Capital Fund Program No: TN37-PO64-501-08 Replacement Housing Factor No:		Original	6/13/2012	6/13/2012	6/13/2012	2102/21/0						
Evaluation Report Tund Program Rep	Grant Type and Number Capital Fund Program No: TN37 Replacement Housing Factor No:	red ate)	Actual										
ce and E apital Fu	Grant 7 Capita Replac	All Fund Obligated (Quarter Ending Date)	Revised										
Performan gram and C intation Sch	ority	All Fi (Quarte	Original	6/13/2010	6/13/2010	0100/21/9	0177/01/0						
Annual Statement/Performance and Capital Fund Program and Capital Part III: Implementation Schedule	PHA Name: Loudon Housing Authority	Development Number Name/HA-Wide Activities		HA-WIDE	TN64-002	TN64_003	COOLLOWY			:	المعادمة والإسراق المعادلة والإسراق المعادلة والمعادلة و		

TN37-PO64-501-08 P & E Report, dated 12/31/2008 Page 3 of 3

U.S. Department of Housing and Urban Development Office of Public and Indian Housing
OMB No. 2577-0226
Harries 4/20/2011

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/Performance and Evaluation Report

Part I: S	Part I: Summary				
PHA Name: Loudon Hou	PHA Name: Loudon Housing Authority Capital Fund Program Grant No: TN37-PO64-501-09 Replacement Housing Factor Grant No: Date of CFFP: 2009	PO64-501-09		ja ja	FFY of Grant Approval:
Type of G	Type of Grant Statement Reserve for Disasters/Emergencies Performance and Evaluation Report for Period Ending:		Revised Annual Statement (revision no: Final Performance and Evaluation Report	sion no:)	
Line	Summary by Development Account	Total	Total Estimated Cost		Total Actual Cost 1
		Original	Revised ²	Obligated	Expended
_	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	1,000			
3	1408 Management Improvements	32,000			
4	1410 Administration (may not exceed 10% of line 21)	1,000			
S	1411 Audit				
9	1415 Liquidated Damages				
7	1430 Fees and Costs	7,000			
œ	1440 Site Acquisition				
6	1450 Site Improvement	61,842			
10	1460 Dwelling Structures	79,000			
11	1465.1 Dwelling Equipment—Nonexpendable	2,000			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
4	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities 4				

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

Capital	ancing Program				OMB No. 2577-0226 Expires 4/30/2011
Part I: Summary	ummary				
PHA Name: Loudon Housing Authority	Grant Type and Number Capital Fund Program Grant No: TN37-PO64-501-09 Replacement Housing Factor Grant No: Date of CFFF:			FFY of Grant.2009 FFY of Grant Approval:	
Type of Grant	rant				
ř S	Original Annual Statement	encies		Revised Annual Statement (revision no:	
Perf.	Performance and Evaluation Report for Period Ending:			Final Performance and Evaluation Report	
Line	Summary by Development Account		Total Estimated Cost	Total	Total Actual Cost 1
		Original	I Revised 2	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	186,842			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signatu	Signature of Executive Director On Count	Date April 7, 2009	Signature of Public Housing Director	using Director	Date

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program

Part II: Supporting Pages									
PHA Name: Loudon Housing Authority	using Authority	Grant Typo Capital Fun CFFP (Yes/ Replacemen	Grant Type and Number Capital Fund Program Grant No: TN37-PO64-501-09 CFFP (Yes/ No): No Replacement Housing Factor Grant No:	TN37-P064-5(mt No:	1-09	Federal	Federal FFY of Grant: 2009	60	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories		Development Account No.	Quantity	Total Estimated Cost	ated Cost	Total Actual Cost	Cost	Status of Work
					Original	Revised 1	Funds Obligated ²	Funds Expended ²	
HA-Wide	Operations		1406	TS	1,000				
	Community Cares		1408	1 position	000,6				
	Part-time Worker		1408	1 position	22,000				
	Computer Upgrade		1408	ST	1,000				
	Advertising		1410	ST	1,000				
	Agency Plan Update		1430	TS	1,000				
	Environmental Review		1430	ST	1,000				
	Annual Inspections		1430	ST	2,000				
	A/E Fees		1430	ST	3,000				
	Sidewalk repair		1450	TS	5,000				
	Signage		1450	TS	16,842				
	Appliances		1465.1	LS	5,000				

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program

Part II: Supporting Pages									
PHA Name: Loudon Housing Authority	using Authority	Grant Tyl Capital Fu CFFP (Yes Replaceme	Grant Type and Number Capital Fund Program Grant No: TN37-PO64-501-09 CFFP (Yes/ No): No Replacement Housing Factor Grant No:	TN37-PO64-50	11-09	Federal J	Federal FFY of Grant: 2009	60	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Work	Development Account No.	Quantity	Total Estimated Cost	tted Cost	Total Actual Cost	Jost	Status of Work
					Original	Revised 1	Funds Obligated ²	Funds Expended ²	
TN64-002	HVAC - including removal of whole house fans; insulate, oput blank cover ewitch	ole over on	1460	LS	40,000				
	Replace Disconnect & Meter Center	ter	1460	LS	19,000				
			•						
								-	
TN64-003	Replace site light poles		1450	27	40,000				
	Replace range hood exhaust vent on roof - 3 bedroom/wall - 2 bedroom	on roof	1460	LS	20,000				

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

form HUD-50075.1 (4/2008)

Annual Statement/Performance and Evaluation Report Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program

U.S. Department of Housing and Urban Development Office of Public and Indian Housing

OMB No. 2577-0226 Expires 4/30/2011

Part III: Implementation Schedule for Capital Fund Financing Program	edule for Capital Fund	Financing Program				Г
PHA Name: Loudon Housing Authority	g Authority				Federal FFY of Grant: 2009	T
Development Number Name/PHA-Wide Activities	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Funds (Quarter El	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates ¹	T
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date		T
HA-Wide	9/30/2011		9/30/2013			
TN64-002	9/30/2011		9/30/2013			17
TN64-003	9/30/2011		9/30/2013			7
the state of the s						Т
						Т
						ŀ
						T
						1
						T

1 Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Par	Part I: Summary					
PHA	PHA Name/Number Loudon HA TN-64	TN-64	Locality (City/County & State)	County & State)	⊠Original 5-Year Plan □R	Revision No:
			Loudon/Loudon/Tennessee	on/Fennessee		
Ÿ.	Development Number and Name	Work Statement for Year 1 FFY 2009	Work Statement for Year 2 FFY 2010	Work Statement for Year 3 FFY 2011	Work Statement for Year 4 FFY 2012	Work Statement for Year 5 FFY 2013
m.	Physical Improvements Subtotal	Modelad Statescool	133,842	6,000	98,842	118,842
ن	Management Improvements		36,000	36,000	36,000	41,000
D.	PHA-Wide Non-dwelling Structures and Equipment		1,000	127,842	36,000	1,000
щ	Administration		1,000	1,000	1,000	1,000
<u>н</u> .	Other		14,000	15,000	14,000	24,000
Ö.	Operations		1,000	1,000	1,000	1,000
H.	Demolition		0	0	0	0
I	Development		0	0	0	0
ri .	Capital Fund Financing – Debt Service		0	0	0	0
Υ.	Total CFP Funds		186,842	186,842	186,842	186,842
ľ.	Total Non-CFP Funds		0	0	0	0
Ŋ.	Grand Total		186,842	186,842	186,842	186,842

form HUD-50075.2 (4/2008)

Capital Fund Program-Five-Year Action Plan

	Revision No:	Work Statement for Year 5 FFY 2013		000'69	20,000	67,842			\$186,842	
	⊠Original 5-Year Plan □R	Work Statement for Year 4 FFY 2012		94,000	25,000	67,842			\$186,842	
	ounty & State) on/Tennessee	Work Statement for Year 3 FFY 2011		000'09	0	126,842			\$186,842	
	Locality (City/county & State) Loudon/Loudon/Tennessee	Work Statement for Year 2 FFY 2010		59,000	0	127,842			\$186,842	
tion)	IN-64	Work Statement for Year 1 FFY 2009	Krithidal Scatetriord							
Part I: Summary (Continuation)	PHA Name/Number Loudon HA TN-64	Development Number and Name		PHA-WIDE	TN64-002	TN64-003			CFP Funds Listed for 5-year planning	
Part	PHA	Ä.								

art II: Sup	Part II: Supporting Pages – Physical Needs Work Statement(s)	al Needs Work Staten	nent(s)			
Work Statement for	Μc	Work Statement for Year: 2009 FFY 2010	6	M	Work Statement for Year: 2009 FFY 2011	6
Year 1 FFY 2009	Development Number/Name	Quantity	Estimated Cost	Development Number/Name	Quantity	Estimated Cost
	General Description of Major Work Categories			General Description of Major Work Categories		
	PHA-Wide			PHA-Wide		
September 1	Repair Drain Lines	LS	2,000	Repair Drain Lines	TS	5,000
Section 1	Landscaping	TS	1,000	Landscaping	ST	1,000
		Subtotal	000'9		Subtotal	9000'9
	TN64-002			TN64-002	No work this year	
	No work this year		0			
		Subtotal	0		Subtotal	0
	TN64-003			TN64-003		
	Bathroom Renovations	FS	127,842	Community Room Renovations	TS	126,842
		Subtotal	127,842		Subtotal	126,842
	Subt	Subtotal of Estimated Cost	\$133,842	Suł	Subtotal of Estimated Cost	\$132,842
MILLIAM	3					

form HUD-50075.2 (4/2008)

Part II: Sup	Part II: Supporting Pages - Physical Needs Work Statement(s)	al Needs Work Staten	nent(s)			
Work Statement for	Wo	Work Statement for Year: 2009 FFY 2012		M	Work Statement for Year: 2009 FFY 2013	
Year 1 FFY 2009	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
	PHA-WIDE			PHA-WIDE		
11/60666	Repair Drain Lines	LS	5,000	Repair Drain Lines	LS	5,000
1/810/cenceot//	Landscaping	FS	1,000	Landscaping	LS	1,000
		Subtotal	000'9		Subtotal	000'9
	TN64-002			TN64-002		
	Repair Site Drainage Problems	TS	25,000	Handrails (second set)	LS	20,000
				Sidewalk repair/replace	TS	5,000
				Roofing	LS	25,000
		Subtotal	25,000		Subtotal	20,000
	TN64-003			TN64-003		
	Exterior Renovations	TS	12,042	Exterior Renovations	LS	24,042
	Foundation Doors w/insulation	ST	2,000	Kitchen Renovations	LS	10,000
	Replace sliding glass doors	TS	5,000	Fencing	LS	5,000
	Roofing	LS	25,000	Handicapped accessible Tot Lot	LS	10,000
	Replace vertical posts at decks	TS	20,800	Remove rip-rap; tile and pave	LS	13,800
				Security cameras	LS	5,000
		Subtotal	67,842		Subtotal	67,842
	Subt	Subtotal of Estimated Cost	\$98,842	Sub	Subtotal of Estimated Cost	\$123,842
	9		7	1		

form HUD-50075.2 (4/2008)

Capital Fund Program-Five-Year Action Plan

Part III: Su	Part III: Supporting Pages - Management Needs Work Statement(s)	Statement(s)		
Work	Work Statement for Year: 2009	6	Work Statement for Year: 2009	
Statement for	FFY 2010		FFY 2011	
Year 1 FFY 2009	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
	PHA-WIDE		PHA-WIDE	
WASSING !	Operations	1,000	Operations	1,000
	Community Care Giver	000'6	Community Care Giver	000,6
	Part-Time Worker	22,000	Part-Time Worker	22,000
	Advertising	1,000	Advertising	1,000
	Agency Plan Update	1,000	Agency Plan Update	1,000
	Environmental Review	1,000	Environmental Review	1,000
	Computer Upgrade	2,000	Computer Upgrade	5,000
	A/E Fees	2,000	A/E Fees	5,000
	Annual Inspections	2,000	Annual Inspections	2,000
	Appliances	5,000	Appliances	5,000
	Office Equipment	200	Office Equipment	500
	Maintenance Equipment	500	Maintenance Equipment	200
			Energy Audit	1,000
	Subtotal of Estimated Cost	\$53,000	Subtotal of Estimated Cost	\$54,000

Capital Fund Program-Five-Year Action Plan

	2009	Estimated Cost		1,000	9,000	22,000	1,000	1,000	1,000	5,000	5,000	2,000	5,000	500	500	10,000				st \$63,000
	Work Statement for Year: 2009 FFY 2013	Development Number/Name General Description of Major Work Categories	PHA-WIDE	Operations	Community Care Giver	Part-Time Worker	Advertising	Agency Plan Update	Environmental Review	Computer Upgrade	A/E Fees	Annual Inspections	Appliances	Office Equipment	Maintenance Equipment	Replenish Reserves				Subtotal of Estimated Cost
Statement(s)	6	Estimated Cost		1,000	000'6	22,000	1,000	1,000	1,000	2,000	2,000	2,000	5,000	200	200	10,000	25,000			\$88,000
Part III: Supporting Pages - Management Needs Work Statement(s)	Work Statement for Year: 2009 FFY 2012	Development Number/Name General Description of Major Work Categories	PHA-WIDE	Operations	Community Care Giver	Part-Time Worker	Advertising	Agency Plan Update	Environmental Review	Computer Upgrade	A/E Fees	Annual Inspections	Appliances	Office Equipment	Maintenance Equipment	Lawn Mowers	Maintenance Vehicle			Subtotal of Estimated Cost
Part III: Sup	Work Statement for	Year 1 FFY 2009		Kokolak																

form HUD-50075.2 (4/2008)

PHA Certifications of Compliance with PHA Plans and Related Regulations

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the ____ 5-Year and/or _X_ Annual PHA Plan for the PHA fiscal year beginning _7/2009_, hereinafter referred to as" the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

- 1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
- 2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
- 3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
- 4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
- 5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
- 6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
- 7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
- 8. For PHA Plan that includes a policy for site based waiting lists:
 - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
 - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
 - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
 - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
 - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
- 9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act
- 10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
- 11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

Previous version is obsolete Page 1 of 2 form HUD-50077 (4/2008)

- 12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
- 13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
- 14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
- 15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
- 16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
- 17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
- 18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
- 19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
- 20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
- 21. The PHA provides assurance as part of this certification that:
 - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
 - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
 - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
- 22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

Loudon Housing Authority PHA Name	TN64 PHA Number/HA Code
5-Year PHA Plan for Fiscal Years 20 20X_ Annual PHA Plan for Fiscal Year 2009	
I hereby certify that all the information stated herein, as well as any information provided prosecute false claims and statements. Conviction may result in criminal and/or civil procedure false claims and statements.	led in the accompaniment herewith, is true and accurate. Warning: HUD will enalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)
Name of Authorized Official	Title
Hamill Carey	Board Chairman
Signature / Ham Cl D-Carly	Date 03/18/2009

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

oplicant Name Loudon Housing Authority	
Program/Activity Receiving Federal Grant Funding	
2009 Capital Fund Program	
Acting on behalf of the above named Applicant as its Authoriz the Department of Housing and Urban Development (HUD) regard	ted Official, I make the following certifications and agreements to rding the sites listed below:
I certify that the above named Applicant will or will continue to provide a drug-free workplace by: a. Publishing a statement notifying employees that the un-	 (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the
a. Publishing a statement notifying employees that the un- lawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's work- place and specifying the actions that will be taken against	tion for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction; e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an em-
employees for violation of such prohibition. b. Establishing an on-going drug-free awareness program to inform employees	ployee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on
(1) The dangers of drug abuse in the workplace;	whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the
(2) The Applicant's policy of maintaining a drug-free workplace;	receipt of such notices. Notice shall include the identification number(s) of each affected grant;
(3) Any available drug counseling, rehabilitation, and employee assistance programs; and	f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect
(4) The penalties that may be imposed upon employees or drug abuse violations occurring in the workplace.	to any employee who is so convicted (1) Taking appropriate personnel action against such an
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement	employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
required by paragraph a.; d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will	(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
employee will	g. Making a good faith effort to continue to maintain a drug- free workplace through implementation of paragraphs a. thru f.
2. Sites for Work Performance. The Applicant shall list (on separate p HUD funding of the program/activity shown above: Place of Perfor Identify each sheet with the Applicant name and address and the program.	mance shall include the street address, city, county, State, and zip code.
Check here if there are workplaces on file that are not identified on the attack.	ched sheets.
I hereby certify that all the information stated herein, as well as any inf Warning: HUD will prosecute false claims and statements. Conviction may (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)	
Name of Authorized Official ori Everett	Title Executive Director
signature / /	Date
x Kari Eurett	03/18/2009
	form HUD-50070 (3/98)

LOUDON HOUSING AUTHORITY FY2009 AGENCY PLAN CERTIFICATIONS ATTACHMENT TO HUD-50070

PROJECT	STREET NAMES(S)	CITY	COUNTY	STATE	ZIP CODE
TN64-002	PATHKILLER TRAIL HACKBERRY STREET	LOUDON	LOUDON	TN	37774
TN64-003	CREEKWOOD CIRCLE ELM LANE MAPLE LANE WILLOW COURT	LOUDON	LOUDON	TN	37774

Certification of Payments to Influence Federal Transactions

U.S. Department of Housing and Urban Development Office of Public and Indian Housing

Applicant Name		
Loudon Housing Authority		
Program/Activity Receiving Federal Grant Funding 2009 Capital Fund Program	<u> </u>	
The undersigned certifies, to the best of his or her knowledge and	d belief, th	nat:
(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement. (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or "tempting to influence an officer or employee of an agency, a ember of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.	certific at all under subrecipe This certific into. So or ente 31, U. certific	The undersigned shall require that the language of this ation be included in the award documents for all subawards tiers (including subcontracts, subgrants, and contracts grants, loans, and cooperative agreements) and that all injents shall certify and disclose accordingly. The triffication is a material representation of fact upon which the was placed when this transaction was made or entered ubmission of this certification is a prerequisite for making ring into this transaction imposed by Section 1352, Title S. Code. Any person who fails to file the required ration shall be subject to a civil penalty of not less than 0 and not more than \$100,000 for each such failure.
I hereby certify that all the information stated herein, as well as any inf Warning: HUD will prosecute false claims and statements. Conviction ma (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)	•	-
Name of Authorized Official	Title	
Lori Everett	Executi	ve Director
Signature Sari Eurett		Date (mm/dd/yyyy) 03/18/2009

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB 0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352 (See reverse for public burden disclosure.)

1. Type of Federal Action: 2. Status of Federal Action: 3. Report Type: a. contract a. bid/offer/application a. initial filing b. grant b. initial award b. material change c. cooperative agreement c. post-award For Material Change Only: d. loan year __ _ quarter __ e. loan guarantee date of last report f. loan insurance 4. Name and Address of Reporting Entity: 5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Subawardee **▼** Prime Tier _____, if known: LoudonHousing Authority P O Box 425 Loudon, TN 37774 Congressional District, if known: Congressional District, if known: 6. Federal Department/Agency: 7. Federal Program Name/Description: HUD CFDA Number, if applicable: _____ 8. Federal Action Number, if known: 9. Award Amount, if known: 10. a. Name and Address of Lobbying Registrant b. Individuals Performing Services (including address if (if individual, last name, first name, MI): different from No. 10a) (last name, first name, MI): 11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact Signature: Print Name: Lori Everett upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who falls to file the Title: Executive Director required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure 3/18/2009 Telephone No.: 865/458-2061 Date: Authorized for Local Reproduction Federal Use Only: Standard Form LLL (Rev. 7-97)

RESIDENT ADVISORY BOARD MEETING TO RECEIVE COMMENTS ON FY2009 AGENCY PLAN Loudon Housing Authority (LHA)

Loudon Housing Authority (LHA February 11, 2009 2:00 p.m.

There was a meeting held to receive comments from residents to add to the FY2009 Agency Plan. A list of attendees is attached.

Comments of Resident Advisory Board and Explanation of PHA Response (in **bold**):

1. Replacement of Sliding Glass Door at TN64-003 – resident suggested replacing existing with Lexan.

The housing authority will look at other options.

2. Re-number parking lots at TN64-003

The housing authority will be glad to do this. This will be done as part of maintenance.

3. Landscaping at TN64-003 – resident requested that existing be trimmed.

The housing authority has already included landscaping in their 5-year plan

LOUDON HOUSING AUTHORITY RESIDENT ADVISORY BOARD MEETING TO RECEIVE COMMENTS ON THE FY2009 AGENCY PLAN

WEDNESDAY, FEBRUARY 11TH @ 2:00 P.M.

NAME	ADDRESS	PHONE NO.
Sharon Davis	129 Elm	4580034
Lori Everett Marie Sheddan	LHA	, ,
Marie Sheddan	MBI	



VIOLENCE AGAINST WOMEN ACT (VAWA)

A Public Housing Agency (PHA), owner or landlord may not deny admission to an applicant (male or female) who has been a victim of domestic violence, dating violence or stalking if the applicant otherwise qualifies for assistance or admission.

To qualify for public housing, all applicants, including victims of domestic violence, dating violence or stalking, must, at a minimum:

meet the local PHA's definition of "family"; be income eligible; have a least one family member who is a U.S. Citizen or has eligible immigration status; pass criminal background screening; have no outstanding debt to the PHA; and meet all other local PHA screening criteria.

Loudon Housing Authority gives preference to applicants who are victims of domestic violence. The PHA requests that you provide a certification documenting the situation. If you fail to provide a requested certification within 14 business days after receiving the request, your request for a preference may be denied.

Reporting incidents of domestic violence, dating violence or stalking to law enforcement, victim's rights advocates, and the PHA may help preserve your housing rights. The PHA may not deny, remove or terminate assistance to a victim of domestic violence, dating violence or stalking based solely on such an incident or threat.

The PHA, may deny, remove, or terminate assistance to an individual perpetrator of such actions and continue to allow the victim or other household members to remain in the dwelling unit or receive housing assistance. This does not limit the authority of the PHA to terminate your assistance for other criminal activity or good cause.

In processing a request by a victim for continued assistance, the PHA may request that you certify that you are a victim of domestic violence, dating violence or stalking, and that the actual or threatened abuse meet the requirements set forth in the VAWA. Such certification must include the name of the perpetrator. If you do not provide the requested information within 14 business days, your assistance may be terminated.

Violence Against Women Act Page 2

Any information provided pursuant to the Violence Against Women Act shall neither be entered into any shared database nor provided to any related entity, except to the extent that disclosure is requested or consented to by the individual in writing; required for use in an eviction proceeding of an abuser, stalker or perpetrator of domestic violence; or is otherwise required by applicable law.

It is in the best interest of any victim of domestic violence, dating violence or stalking to report the incident to the PHA and complete form HUD-50066 Certification of Domestic Violence, Dating Violence, or Stalking or provide approved documentation in lieu of the certification.

If you have any questions about the Violence Against Women Act, please contact the administration office at 458-2061.

A copy of this document will be explained to	each household on move-in and maintained
in the residents file as proof of notification.	

Signature of Resident	Signature of Witness	Date